

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581271

FILING DATE

6.01.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5	/					
6	2					
7	5					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0		1			
14						
15						
16						
17						
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28						
29						
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31						
32			1			
33			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			29			
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						